

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	29/10/2018 13:53
Date Of Accident	27/10/2018 13:10
Exact Location Of Accident	CTE TWDS BUANGKOK GREEN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6674J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHEE KIONG (CHEN ZHIQIANG)
NRIC No	S7608335E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93967517
Alternative Phone No	OFFICE-93967517

### Vehicle Particulars

Manufacturer	SUBARU
Model	SUBARU XV 1.6I-S AWD CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700029506-01
Cover Note Number	

### Driver

Name of Driver	TAN BOON SENG
NRIC No	S0943663D
Date Of Birth	21/08/1951
Occupation	INDOOR
Date Of Driving Pass	12/10/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93967517
Fax Number	
Contact Number	OFFICE-93967517
EEmail Address	NOEMAIL

Address	BLK 722 WOODLANDS AVENUE 6 #04-536
Postcode	730722
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181028/2025.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS9664G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AWALLUDIN AMIN
NRIC/Passport Number	S75972671
Contact Number	91790644
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	2
Passenger 1	NAME:       :
	GENDER:     :

DETAILS OF INJURED PERSON 1	
Name	TAN BOON SENG
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLQ6674J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

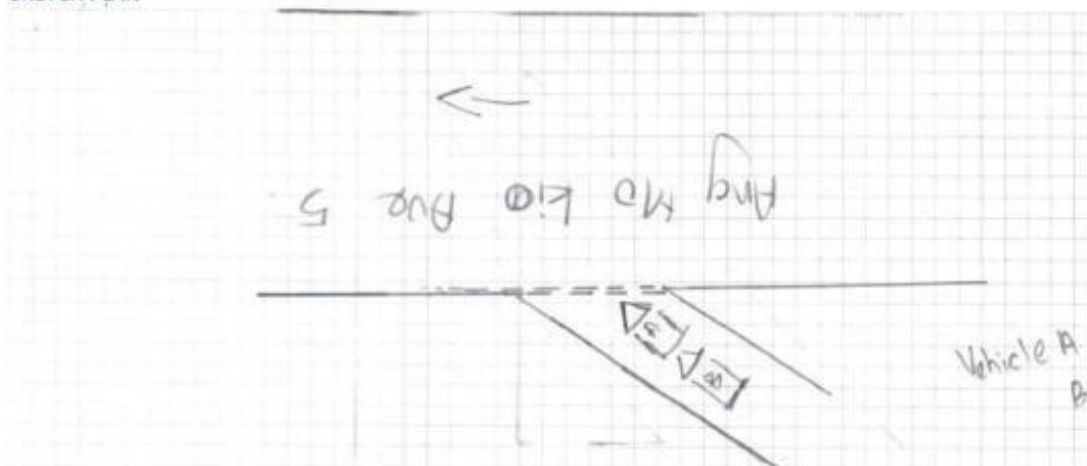
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN



Vehicle A = SLQ 66743  
B = SJS 96640

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to the police report - .

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181028/2025

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 3

Report No. T/20181028/2025

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2018 12:13	Vide Report No.:	Station Diary No.: 29
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### Informant's Particulars

Name of Informant: TAN BOON SENG			Address: APT BLK 722 WOODLANDS AVENUE 6 #04-536 SINGAPORE 730722		
ID Type / ID No.: NRIC NO / S0943663D			Contact No.: Home/Office: 63636938                      Mobile: 93967517		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 21/08/1951	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 2B,2A,2,3                      Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/10/2018 13:10	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 5				
Slip road of Ang Mo Kio Ave 5 from CTE towards Buangkok Green				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS9664G	Car	TOYOTA	PICNIC AUTO W/O ROOF RACK	Silver		1
SLQ6674J	Car	SUBARU	SUBARU XV 1.6I-S AWD CVT	White	Seriously Damaged	0



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181028/2025

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20181028/2025

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Awalludin Amin	ID No.	S7597267I
Related Vehicle	SJS9664G (Car)	Contact No.	91790644
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN BOON SENG	ID No.	S0943663D
Related Vehicle	SLQ6674J (Car)	Contact No.	93967517
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	28/10/2018	Date Discharge	28/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

### Brief Details.

On 27/10/2018 at about 1310hrs, I was travelling along the slip road of Ang Mo Kio Ave 5 from CTE towards Buangkok Green in my son's vehicle, SLQ6674J. I wish to state that the traffic volume was heavy at that point of time as such my vehicle was stationary as I was waiting for the traffic from the oncoming direction to be clear. All of a sudden, I felt an impact from the rear and found out that a vehicle behind me, SJS9664G had hit onto the rear of my vehicle. Both drivers alighted from our vehicles and subsequently drove forward by the roadside as vehicles were piling up and to prevent traffic jam.

Both drivers exchanged particulars and take photos of the damages. The driver of the said vehicle informed that he was in a rush and left scene. No Traffic Police or ambulance at scene. No government property damaged and nobody injured at that point of time however today I felt pains on my back and neck as such I went to the hospital and was given 5 days of MC. The left rear bumper of the vehicle was dented and damaged.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181028/2025

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20181028/2025 /

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 3 NUR SAHIDAH BINTE IBRAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/10/2018 12:13

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436



SINGAPORE  
POLICE FORCE

Classification Of Case:

SN 061

Authentication Stamp  
NP168

SIGNATURE



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





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